



**KEITH KNOX**  
TREASURER AND TAX COLLECTOR

# **COUNTY OF LOS ANGELES TREASURER AND TAX COLLECTOR**

Kenneth Hahn Hall of Administration  
225 North Hill Street, Room 109, Los Angeles, California 90012  
Telephone: (213) 974-2011 Fax: (213) 633-5427  
ttc.lacounty.gov and lacountypropertytax.com

Board of Supervisors  
**HILDA L. SOLIS**  
First District  
**MARK RIDLEY-THOMAS**  
Second District  
**SHEILA KUEHL**  
Third District  
**JANICE HAHN**  
Fourth District  
**KATHRYN BARGER**  
Fifth District

## **STATEMENT OF INFORMATION**

### **APPLICATION FOR BUSINESS LICENSE FOR WATER TAXI OPERATOR BL ID #146772**

SUPERVISORIAL DISTRICT: FOURTH  
OWNER/DBA: WILLIAM WALTER AUSTIN III/BUEN CAMINO LLC  
ADDRESS: 13999 MARQUESAS WAY  
MARINA DEL REY, CA 90292  
DATE OF APPLICATION: AUGUST 30, 2019  
DATE OF HEARING: FEBRUARY 12, 2020

On August 30, 2019, William Austin applied for a Water Taxi Operator Business License. The business license will be in the name of Buen Camio LLC. Mr. Austin charts his vessel from Dock 55. He offers boat sightseeing of the Santa Monica Bay.

The Business License Referrals were received by the following departments:

- Treasurer and Tax Collector approved the referral on November 26, 2019
- Beaches and Harbors approved the referral on December 18, 2019
- Risk Management approved the referral on December 26, 2019
- Sheriff approved the referral on January 8, 2020

On November 25, 2019, the TTC inspected the vessel and no food or drinks are prepared on the vessel.

On January 15, 2020, the TTC reviewed the application and recommends approval of the Water Taxi Operator Business License ID #146772 for Buen Camino LLC.

Photos and price sheet are enclosed.

The TTC has no objections to the approval of this application.

NOTICE TO PRINTER  
STATE LAW REQUIRES THAT THIS  
LEGAL ADVERTISEMENT SHALL BE SET  
IN TYPE NOT SMALLER THAN NONPAREIL ( 6 PT. )

CUSTOMER CODE : Z 91085

NEWSPAPER : ..... XX XXXX  
PUBLISH 3 TIMES

1<sup>ST</sup> PUBLISHING DATE: ..... XXXXXXXX  
2<sup>ND</sup> PUBLISHING DATE: ..... XXXXXXXX  
3<sup>RD</sup> PUBLISHING DATE: ..... XXXXXXXX

REPRINTS ORDERED: NONE

**NOTICE OF HEARING TO CONDUCT**

**WATER TAXI OPERATOR**

NOTICE IS HEREBY GIVEN THAT APPLICATION HAS BEEN  
MADE TO THE LOS ANGELES COUNTY BUSINESS LICENSE  
COMMISSION TO CONDUCT

ADVANCE PROOF REQUESTED

ADDRESS OF PREMISES: ..... 13999 MARQUESAS WAY  
MARINA DEL REY, CA 90292  
NAME OF APPLICANT: ..... BUEN CAMINO LLC  
/ WILLIAM WALTER AUSTIN III  
DATE OF HEARING: ..... 02/12/2020  
TIME OF HEARING: ..... 09:15 A.M.

“ANY PERSON HAVING OBJECTIONS TO THE GRANTING OF  
THE LICENSE MAY, AT ANY TIME PRIOR TO THE DATE ABOVE NAMED, FILE WITH THE BUSINESS  
LICENSE COMMISSION HIS OBJECTIONS IN WRITING GIVING HIS REASONS THEREFOR, AND HE  
MAY APPEAR AT THE TIME AND PLACE OF THE HEARING AND BE HEARD RELATIVE THERETO”

**OFFICE OF THE COMMISSION:**

BUSINESS LICENSE COMMISSION  
500 W. TEMPLE STREET, RM 374  
LOS ANGELES, CA 90012

**RETURN TO:**

LOS ANGELES COUNTY TAX COLLECTOR  
BUSINESS LICENSE SECTION  
225 N. HILL STREET RM. 109  
LOS ANGELES, CA 90012



# Application for Business License



Please note: Business License fees are NOT refundable

☒ Initial Application ☐ Renewal Application

BUSINESS ACTIVITY: Water Tax Operator / Water Tax Boat # 146772

The following information is subject to disclosure.

Business Entity Type (check one): ☐ Sole Proprietorship ☐ Partnership ☐ LP ☐ Corporation ☒ LLC

Application Type: ☒ New Ownership/New Business ☐ Change of Address/Site Transfer ☐ Change of DBA  
☐ Change in Partnership ☐ Change in Corporate Officer/Director

## PART 1-BUSINESS INFORMATION

Business Entity Name: Buen Camino LLC

Business Entity Identification Number (CA Secretary of State): [REDACTED]

Business Name (DBA): Buen Camino LLC

Physical Address: 13999 Marguerite Way, Marina Del Rey Ca 90292

Mailing Address: [REDACTED]

Projected Start Date: 9-1-19 Business Telephone Number: 310 621 7852

Brief Description of Business Activity: boat sight seeing tours of the Santa Monica Bay

Seller's Permit Number: [REDACTED]

Tax Identification Number: [REDACTED]

## PART 2-APPLICANT INFORMATION

Title: ☒ Owner ☐ Corporate Officer ☐ Managing Member ☐ Business Representative/Agent for Service

Full Name: William Walter Austin III  
(Name shall be exactly as set forth in its articles of incorporation)

Address: [REDACTED]

Employer Identification Number: [REDACTED]

Direct Phone Number: 310 621 7852 Email: [REDACTED]

BUSINESS ACTIVITY:

Water Taxi Operator/Water Taxi Boat

ID #

146772

If the applicant is a corporation, please list the names and addresses of all directors and the name and address of an officer who is duly authorized to accept the service of legal process.

TITLE	FULL NAME	ADDRESS
OWNER	William Walter Austin III	[REDACTED]

The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the license applied for, I agree to submit any additional information that may be required, to conduct all phases of this business license in accordance with regulations established for such business and to maintain all trucks and/or equipment that may be used in connection therewith in conformance with all applicable laws, ordinances, and regulations.

Applicant's Signature: [Signature]Date: 8-30-19Application taken by: [Signature]Date: 8-30-2019

\* If you suspect fraud or wrong doing by a County of Los Angeles employee, report to fraud hotline 1-800-544-6861

**Office Use Only:**

Application for Business License Fee: \$ \_\_\_\_\_

Publishing Fee (if applicable): \$ \_\_\_\_\_

Annual Renewal Fee: \$ \_\_\_\_\_

Copy of Driver's License filed

Driver's License of Applicant Verified

All Required Documents Received

Zoning Approved

Referral Checklist Provided

Driver's License Number: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Additional Staff Comments: \_\_\_\_\_

Supervisor Reviewed: [Signature] Date: 9-9-19 BL ID#: 146772



**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL  
SUMMARY SHEET**

KIND OF BUSINESS: **WATER TAXI OPERATOR**

ADDRESS OF BUSINESS: **13999 MARQUESAS WAY, MARINA DEL REY, CA 90292**

TELEPHONE: **(310) 621-7852**

OWNER OF BUSINESS: ~~WILLIAM WALTER AUSTIN III~~ **Buen Camino LLC**

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED: ~~BUEN CAMINO LLC~~ **William Walter Austin III**

FICTITIOUS NAME: **BUEN CAMINO**

MAILING ADDRESS: [REDACTED]

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

	<u>APPROVED</u>	<u>DATE</u>	<u>SIGNATURE</u>
<input type="checkbox"/> 1. Animal Care & Control			
<input checked="" type="checkbox"/> 2. Risk Management	YES	12/26/19	ehernand
<input type="checkbox"/> 3. Building & Safety			
<input type="checkbox"/> 4. Fire Department			
<input type="checkbox"/> 5. Public Health			
<input checked="" type="checkbox"/> 6. Treasurer & Tax Collector	YES	11/26/19	ehernand
<input checked="" type="checkbox"/> 7. Business License Commission			
<input checked="" type="checkbox"/> 8. Beaches & Harbors	YES	12/18/19	ehernand
<input type="checkbox"/> 9. Regional Planning			
<input type="checkbox"/> 10. Weights and Measures			
<input type="checkbox"/> 11. Publishing			
<input type="checkbox"/> 12. Public Works - EPD			
<input checked="" type="checkbox"/> 13. Sheriff	YES	01/08/20	phoofe
<input type="checkbox"/> 14. Emergency Medical Services			
<input type="checkbox"/> 15. Fire-CUPA			

Conditions:

BASIC LICENSE NO. **1573**

DATE **01/08/20**

IDENTIFICATION NUMBER **146772**



COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



BUSINESS LICENSE  
APPLICATION REFERRAL

KIND OF BUSINESS: WATER TAXI OPERATOR

ADDRESS OF BUSINESS: 13999 MARQUESAS WAY, MARINA DEL REY, CA 90292

TELEPHONE: (310) 621-7852

OWNER OF BUSINESS: ~~WILLIAM WALTER AUSTIN III~~ Buen Camino LLC.

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED: ~~BUEN CAMINO LLC~~ William Walter Austin III

FICTITIOUS NAME: BUEN CAMINO

MAILING ADDRESS: [REDACTED]

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

RISK MANAGEMENT

UNINC. LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: Based on email from Riskmanagement - CEO (Attached)

SIGNATURE: [Signature]

DATE: 12/26/19

BASIC LICENSE NO. 1573

DATE 12/26/19

IDENTIFICATION NUMBER 146772

## Elizabeth Hernandez

---

**From:** Niki Lewis  
**Sent:** Thursday, December 26, 2019 10:52 AM  
**To:** CEO Insurance Compliance; Elizabeth Hernandez  
**Cc:** Stanley Redins; Brian Lew; Daniela Prowizor-Lacayo; Destiny Castro; Mary Hudgens; Olga Svitlynets  
**Subject:** RE: BL# 146772 Buen Camino LLC - 2431 - NL - Due Date 12/27/2019

Good morning,

I have reviewed your request along with the supporting documents. The certificate of liability appears to be appropriate for a water taxi.

Thank you.

**Niki Lewis**  
Los Angeles County  
Chief Executive Office  
Risk Management Branch  
Phone: (213)738-2114  
Fax: (213)252-0404  
[NLewis@ceo.lacounty.gov](mailto:NLewis@ceo.lacounty.gov)

---

**From:** CEO Insurance Compliance <[insurancecompliance@ceo.lacounty.gov](mailto:insurancecompliance@ceo.lacounty.gov)>  
**Sent:** Friday, December 13, 2019 3:55 PM  
**To:** Elizabeth Hernandez <[ehernandez@ttc.lacounty.gov](mailto:ehernandez@ttc.lacounty.gov)>  
**Cc:** Niki Lewis <[NLewis@ceo.lacounty.gov](mailto:NLewis@ceo.lacounty.gov)>; Stanley Redins <[sredins@ttc.lacounty.gov](mailto:sredins@ttc.lacounty.gov)>; Brian Lew <[blew@ceo.lacounty.gov](mailto:blew@ceo.lacounty.gov)>; CEO Insurance Compliance <[insurancecompliance@ceo.lacounty.gov](mailto:insurancecompliance@ceo.lacounty.gov)>; Daniela Prowizor-Lacayo <[DProwizor@ceo.lacounty.gov](mailto:DProwizor@ceo.lacounty.gov)>; Destiny Castro <[dcastro@ceo.lacounty.gov](mailto:dcastro@ceo.lacounty.gov)>; Mary Hudgens <[mhudgens@ceo.lacounty.gov](mailto:mhudgens@ceo.lacounty.gov)>; Olga Svitlynets <[OSvitlynets@ceo.lacounty.gov](mailto:OSvitlynets@ceo.lacounty.gov)>  
**Subject:** FW: BL# 146772 Buen Camino LLC - 2431 - NL - Due Date 12/27/2019

Good afternoon,

We received your request. Program Specialist Niki Lewis of our staff will review and provide a response by December 27, 2019. Ms. Lewis can be reached at (213) 738-2114 or [nlewis@ceo.lacounty.gov](mailto:nlewis@ceo.lacounty.gov).

If you have any other questions or need additional assistance, please call or email me.

Thank You,

*Shontica Showze*  
County of Los Angeles  
Chief Executive Office | Risk Management Branch  
213.738.2301 | [showze@ceo.lacounty.gov](mailto:showze@ceo.lacounty.gov)

**From:** Elizabeth Hernandez  
**Sent:** Friday, December 13, 2019 2:50 PM  
**To:** CEO Insurance Compliance <[insurancecompliance@ceo.lacounty.gov](mailto:insurancecompliance@ceo.lacounty.gov)>  
**Cc:** Stanley Redins <[sredins@ttc.lacounty.gov](mailto:sredins@ttc.lacounty.gov)>  
**Subject:** BL# 146772 Buen Camino LLC

Good Afternoon,

Would you please review this Certificate of Liability Insurance for William Austin, LLC (Applicant Buen Camino LLC) for a Water Taxi, to see that it meets the required criteria based on the attached matrix.

Thank you,

Elizabeth Hernandez  
Tax Services Supervisor I  
Business License Section  
Los Angeles County Treasurer and Tax Collector  
Phone: (213) 974-2014 | Fax: (213) 633-5427  
Email: [ehernandez@ttc.lacounty.gov](mailto:ehernandez@ttc.lacounty.gov)

**Pay Online** at <http://lacountypropertytax.com> *Safe. Secure. Convenient.*





# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

8/30/2019

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

<b>AGENCY</b> Novamar Insurance Group 1950 W Coast Hwy  Newport Beach CA 92663		<b>PHONE</b> (A/C, No, Ext): 949-629-4282	<b>COMPANY</b>  XL Specialty Insurance Company	
<b>FAX</b> (A/C, No):	<b>E-MAIL ADDRESS:</b> Charlie@ciapro.net			
<b>CODE:</b>	<b>SUB CODE:</b>			
<b>AGENCY CUSTOMER ID #:</b> INSURED  William Austin  [REDACTED]			<b>LOAN NUMBER</b>	<b>POLICY NUMBER</b> CL8008232798
<b>EFFECTIVE DATE</b> 08/29/2019		<b>EXPIRATION DATE</b> 08/29/2020		<b>CONTINUED UNTIL</b> <input type="checkbox"/> TERMINATED IF CHECKED
<b>THIS REPLACES PRIOR EVIDENCE DATED:</b>				

## PROPERTY INFORMATION

<b>LOCATION/DESCRIPTION</b> Vessel Information: 1979 43' Marine Trader Hull ID: ETY445650879 Navigation Description: Warranted confined to Pacific coastal & navigable tributary waters not north of Point Conception, CA and not south of Rio Santo Tomas, Mexico and not to exceed 50 miles offshore.
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

## COVERAGE INFORMATION

PERILS INSURED

BASIC

BROAD

☒ SPECIAL

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Physical Damage-Agreed Value	60,000	1,200
Liability Coverage-P&I	1,000,000	1,000
Medical Payments	25,000	0
Pollution Liability	939,800	1,000
Personal Property	2,500	250
Uninsured Boater	1,000,000	1,000
Towing	2,500	0
FL & HWC1	Included	0
Dockside Liability	Included	


## REMARKS (Including Special Conditions)

-Evidence of Insurance-

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

## ADDITIONAL INTEREST

<b>NAME AND ADDRESS</b>  Los Angeles County Treasurer & Tax Collector  225 N Hill St #1 Los Angeles CA 90012	<input checked="" type="checkbox"/> <b>ADDITIONAL INSURED</b>	<input type="checkbox"/> <b>LENDER'S LOSS PAYABLE</b>	<input type="checkbox"/> <b>LOSS PAYEE</b>
	<input type="checkbox"/> <b>MORTGAGEE</b>		
	<b>LOAN #</b>		
	<b>AUTHORIZED REPRESENTATIVE</b>  		

ACORD 27 (2016/03)

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**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



**BUSINESS LICENSE  
APPLICATION REFERRAL**

 **COPY**

KIND OF BUSINESS: WATER TAXI OPERATOR

ADDRESS OF BUSINESS: 13999 MARQUESAS WAY, MARINA DEL REY, CA 90292

TELEPHONE: (310) 621-7852

OWNER OF BUSINESS: BUEN CAMINO LLC.

CAL. DR. LIC# :

NAME OF PERSON FINGERPRINTED:

*William Walter Austin III*

FICTITIOUS NAME: BUEN CAMINO

MAILING ADDRESS:



DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**TREASURER & TAX COLLECTOR**

UNINC. LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE:

*[Signature]*

DATE:

*11-26-19*



COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



BUSINESS LICENSE  
APPLICATION REFERRAL

KIND OF BUSINESS: WATER TAXI OPERATOR

ADDRESS OF BUSINESS: 13999 MARQUESAS WAY, MARINA DEL REY, CA 90292

TELEPHONE: (310) 621-7852

OWNER OF BUSINESS: ~~WILLIAM WALTER AUSTIN III~~

*Buen Camino LLC*

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED: ~~BUEN CAMINO LLC.~~

*William Walter Austin III*

FICTITIOUS NAME: BUEN CAMINO

MAILING ADDRESS:



DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

BEACHES AND HARBORS

UNINC. LA COUNTY



APPROVAL



DENIAL

RECOMMENDATION: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

*[Signature]*

DATE: \_\_\_\_\_

*12/18/19*

BASIC LICENSE NO. 1573

DATE 12/16/19

IDENTIFICATION NUMBER 146772



COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



HAUSER

BUSINESS LICENSE  
APPLICATION REFERRAL

920-00006

KIND OF BUSINESS: WATER TAXI OPERATOR

ADDRESS OF BUSINESS: 13999 MARQUESAS WAY, MARINA DEL REY, CA 90292

TELEPHONE: (310) 621-7852

OWNER OF BUSINESS: ~~WILLIAM WALTER AUSTIN III~~ <sup>①</sup> Buen Camino LLC

CAL. DR. LIC.#: [REDACTED]

NAME OF PERSON FINGERPRINTED: ~~BUEN CAMINO LLC~~ <sup>②</sup> William Walter Austin III

FICTITIOUS NAME: BUEN CAMINO

MAILING ADDRESS: [REDACTED]

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

SHERIFF

UNINC. LA COUNTY



APPROVAL



DENIAL

RECOMMENDATION:

Approve Recommended.

SIGNATURE:

M. Hauser #246335

DATE:

01/08/20

BASIC LICENSE NO. 1573

DATE 01/08/20

IDENTIFICATION NUMBER 146772